

11744

CERTIFICATE OF DEATH

11738

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>4 weeks</u>			
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>40 Easton</u>							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>1 5 Earle Ave.</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>J.</u> Last <u>Claggett</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>20</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 1890</u>	9. AGE (In years last birthday) <u>68</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DENTISTRY</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Monroe Claggett</u>				14. MOTHER'S MAIDEN NAME <u>Mary White</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>215-380215</u>		17. INFORMANT <u>Wm J Claggett</u>		Address <u>Easton</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ischemic heart disease</u> DUE TO <u>162.1</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u></u> DUE TO (c) <u></u>						INTERVAL BETWEEN ONSET AND DEATH <u>162.1</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. <u>19</u> p. m. <u></u>	Month <u></u> Day <u></u> Year <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u></u>	20f. (City or town) <u></u>	(County) <u></u>	(State) <u></u>	
21. I certify that I attended the deceased from <u>October 19, 1958</u> , to <u>October 20, 1958</u> , that I last saw the deceased alive on <u>October 19, 1958</u> , and that death occurred at <u>3:30 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmitt</u>		M.D. <u>219 S. West 117th St.</u>		ADDRESS (Street, city or town, state) <u>Easton 10, Maryland.</u>		DATE SIGNED <u>20 Oct 58</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmitt</u>							
22. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>Oct 22, 58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Friend's Meeting House</u>		22d. LOCATION (City, town, or county) <u>Easton</u>		(State) <u>MD</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur S. Kraus</u>				ADDRESS <u>Easton</u>		24a. REC'D BY REGISTRAR DATE <u>OCT 24 58</u>	
				24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

11388

PLACE OF DEATH HOME		PLACE OF BIRTH HOME	
SEX Male		RACE White	
DATE OF BIRTH 10/10/1910		DATE OF DEATH 10/10/1910	
TIME OF DEATH 10:00 AM		CAUSE OF DEATH Heart Disease	
PLACE OF BIRTH HOME		PLACE OF DEATH HOME	
SEX Male		RACE White	
DATE OF BIRTH 10/10/1910		DATE OF DEATH 10/10/1910	
TIME OF DEATH 10:00 AM		CAUSE OF DEATH Heart Disease	

11388

11745

CERTIFICATE OF DEATH

11740

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>40 Easton</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>121 Locust</u>				e. STREET ADDRESS <u>1 121 Locust</u>			
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Hester</u> Last <u>Dobson</u>				4. DATE OF DEATH Month <u>10</u> Day <u>19</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2/25/80</u>	9. AGE (In years lost birthday) <u>78</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>220-10-65594</u>		17. INFORMANT <u>Gene Blackwell, Long Island City, N.Y.</u>			
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocarditis</u> <u>431X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Oct. 18</u> , 19 <u>58</u> to <u>Oct. 19</u> , 19 <u>58</u> that I last saw the deceased alive on <u>Oct. 19</u> , 19 <u>58</u> , and that death occurred at <u>8 A</u> M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>633 N. Main St., Easton, Md.</u> DATE SIGNED <u>Oct 20 1958</u>							
ACTUAL SIGNATURE <u>Howard T. Webb</u> M.D.				PHYSICIAN'S NAME (Type) <u>HOWARD T. WEBB</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>10/23/58</u>		<u>Richards Cem</u>		<u>Easton, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James Blackwell, Easton, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>OCT 24 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Hines</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11746

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Talbot</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Talbot</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>		c. LENGTH OF STAY IN lb <i>8 hrs.</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Memorial Hospital</i>		e. STREET ADDRESS <i>Chestnut St</i>	
3. NAME OF DECEASED (Type or print) First <i>Nellie</i> Middle <i>Dukes</i> Last <i>Dukes</i>		4. DATE OF DEATH Month <i>10</i> Day <i>27</i> Year <i>1958</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1/9/1884</i>
9. AGE (In years last birthday) <i>40</i> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William Whitby</i>	
14. MOTHER'S MAIDEN NAME <i>Ellen Blox Tan.</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>218-20-8410</i>		17. INFORMANT <i>Herman Dukes -</i> Address <i>ST. Michaels Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Coronary occlusion</i> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i> p. m.	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>1958</i> to <i>1958</i> , that I last saw the deceased alive on <i>Oct 27, 1958</i> , and that death occurred at <i>3:50 AM</i> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>EC H Schmidt</i> M.D.		ADDRESS (Street, city or town, state) <i>219 S. Washington St. Easton 16, Maryland</i>	
DATE SIGNED <i>27 Oct 1958</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Oct 29, 1958</i>	22c. NAME OF CEMETERY OR CREMATORY <i>Chief Cemetery</i>	22d. LOCATION (City, town, or county) (State) <i>St. Michaels Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>Hampleton Harrison</i> ADDRESS <i>St. Michaels</i>		24a. REC'D BY REGISTRAR <i>NOV 3 '58</i>	24b. REGISTRAR'S SIGNATURE <i>Carlton S. Hines</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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11747

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY TALBOT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MD. b. COUNTY TALBOT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON	
c. LENGTH OF STAY IN TB 4 days		d. STREET ADDRESS Centreville Road	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTON Memorial Hosp.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emily Middle J. Last Dunlap		4. DATE OF DEATH Month 10 Day 22 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 22 1893
9. AGE (In years lost birthday) 65 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME James A. Dillon		14. MOTHER'S MAIDEN NAME ELLA HARMON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Asher B. Dunlap, Husband		Address same	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alcohol 600.0 DUE TO Chronic pyelonephritis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE E.C.H. Schmidt		ADDRESS (Street, city or town, state) 219 S. Washington St. 240458	
PHYSICIAN'S NAME (Type) E.C.H. Schmidt		DATE SIGNED Oct 27 58	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 10/25/58	22c. NAME OF CEMETERY OR CREMATORY SPRING HILL CEMETERY	22d. LOCATION (City, town, or county) (State) EASTON MD.
23. FUNERAL DIRECTOR'S SIGNATURE Robert L. Hume		ADDRESS EASTON, MD.	
24a. REC'D BY REGISTRAR Oct 27 58		24b. REGISTRAR'S SIGNATURE Robert L. Hume	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11748

CERTIFICATE OF DEATH

11743

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester			
c. LENGTH OF STAY IN 1b 12 hrs. 30 min.				17x-2 ✓			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Easton Memorial Hosp.				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First Lawrence Middle Theodore Last Ford				4. DATE OF DEATH Month 10 Day 13 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 2-53	
9. AGE (In years last birthday) 5 yrs.		IF UNDER 1 YEAR Months 5 Days 13 Hours 13 Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A							
13. FATHER'S NAME Lawrence Theodore Ford Jr.				14. MOTHER'S MAIDEN NAME Carol Quillon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) none				16. SOCIAL SECURITY NO. none			
17. INFORMANT Lawrence J. Ford Sr.				Address Chester Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema 228X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hemangiomas. DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from 8:45 , 19 10 , to 1300 , that I last saw the deceased alive on Oct 12 , and that death occurred at 8:45 PM, from the causes and on the date stated above.							
ACTUAL SIGNATURE E.C.H. Schmidt				DATE SIGNED Oct 15 '58			
PHYSICIAN'S NAME (Type) E.C.H. Schmidt				ADDRESS (Street, city or town, state) 2195 Washington St. Chester 16, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct 15-1958		22c. NAME OF CEMETERY OR CREMATORY Christusfield		22d. LOCATION (City, town, or county) (State) Centerville Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE Baron Bros.				ADDRESS Centerville Md.		24a. REC'D BY REGISTRAR DATE OCT 15 '58	
24b. REGISTRAR'S SIGNATURE Arthur L. Kraus							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

<p>1. Name of deceased: <u>JOHN J. SMITH</u></p>		<p>2. Sex: <u>Male</u></p>	
<p>3. Date of birth: <u>Jan 15, 1880</u></p>		<p>4. Age: <u>38</u> years</p>	
<p>5. Place of birth: <u>St. Louis, Mo.</u></p>		<p>6. Usual residence: <u>1234 N. Main St., Baltimore, Md.</u></p>	
<p>7. Cause of death: <u>Heart disease</u></p>		<p>8. Date of death: <u>Jan 25, 1918</u></p>	
<p>9. Time of death: <u>10:30 A.M.</u></p>		<p>10. Place of death: <u>Home</u></p>	
<p>11. Signature of attending physician: <u>Dr. J. H. Smith</u></p>		<p>12. Signature of registrar: <u>John J. Smith</u></p>	
<p>13. Signature of informant: <u>John J. Smith</u></p>		<p>14. Signature of witness: <u>John J. Smith</u></p>	
<p>15. Signature of undertaker: <u>John J. Smith</u></p>		<p>16. Signature of funeral home: <u>John J. Smith</u></p>	
<p>17. Signature of cemetery: <u>John J. Smith</u></p>		<p>18. Signature of burial place: <u>John J. Smith</u></p>	
<p>19. Signature of interment: <u>John J. Smith</u></p>		<p>20. Signature of final disposition: <u>John J. Smith</u></p>	
<p>21. Signature of final disposition: <u>John J. Smith</u></p>		<p>22. Signature of final disposition: <u>John J. Smith</u></p>	
<p>23. Signature of final disposition: <u>John J. Smith</u></p>		<p>24. Signature of final disposition: <u>John J. Smith</u></p>	
<p>25. Signature of final disposition: <u>John J. Smith</u></p>		<p>26. Signature of final disposition: <u>John J. Smith</u></p>	
<p>27. Signature of final disposition: <u>John J. Smith</u></p>		<p>28. Signature of final disposition: <u>John J. Smith</u></p>	
<p>29. Signature of final disposition: <u>John J. Smith</u></p>		<p>30. Signature of final disposition: <u>John J. Smith</u></p>	
<p>31. Signature of final disposition: <u>John J. Smith</u></p>		<p>32. Signature of final disposition: <u>John J. Smith</u></p>	
<p>33. Signature of final disposition: <u>John J. Smith</u></p>		<p>34. Signature of final disposition: <u>John J. Smith</u></p>	
<p>35. Signature of final disposition: <u>John J. Smith</u></p>		<p>36. Signature of final disposition: <u>John J. Smith</u></p>	
<p>37. Signature of final disposition: <u>John J. Smith</u></p>		<p>38. Signature of final disposition: <u>John J. Smith</u></p>	
<p>39. Signature of final disposition: <u>John J. Smith</u></p>		<p>40. Signature of final disposition: <u>John J. Smith</u></p>	
<p>41. Signature of final disposition: <u>John J. Smith</u></p>		<p>42. Signature of final disposition: <u>John J. Smith</u></p>	
<p>43. Signature of final disposition: <u>John J. Smith</u></p>		<p>44. Signature of final disposition: <u>John J. Smith</u></p>	
<p>45. Signature of final disposition: <u>John J. Smith</u></p>		<p>46. Signature of final disposition: <u>John J. Smith</u></p>	
<p>47. Signature of final disposition: <u>John J. Smith</u></p>		<p>48. Signature of final disposition: <u>John J. Smith</u></p>	
<p>49. Signature of final disposition: <u>John J. Smith</u></p>		<p>50. Signature of final disposition: <u>John J. Smith</u></p>	
<p>51. Signature of final disposition: <u>John J. Smith</u></p>		<p>52. Signature of final disposition: <u>John J. Smith</u></p>	
<p>53. Signature of final disposition: <u>John J. Smith</u></p>		<p>54. Signature of final disposition: <u>John J. Smith</u></p>	
<p>55. Signature of final disposition: <u>John J. Smith</u></p>		<p>56. Signature of final disposition: <u>John J. Smith</u></p>	
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<p>59. Signature of final disposition: <u>John J. Smith</u></p>		<p>60. Signature of final disposition: <u>John J. Smith</u></p>	
<p>61. Signature of final disposition: <u>John J. Smith</u></p>		<p>62. Signature of final disposition: <u>John J. Smith</u></p>	
<p>63. Signature of final disposition: <u>John J. Smith</u></p>		<p>64. Signature of final disposition: <u>John J. Smith</u></p>	
<p>65. Signature of final disposition: <u>John J. Smith</u></p>		<p>66. Signature of final disposition: <u>John J. Smith</u></p>	
<p>67. Signature of final disposition: <u>John J. Smith</u></p>		<p>68. Signature of final disposition: <u>John J. Smith</u></p>	
<p>69. Signature of final disposition: <u>John J. Smith</u></p>		<p>70. Signature of final disposition: <u>John J. Smith</u></p>	
<p>71. Signature of final disposition: <u>John J. Smith</u></p>		<p>72. Signature of final disposition: <u>John J. Smith</u></p>	
<p>73. Signature of final disposition: <u>John J. Smith</u></p>		<p>74. Signature of final disposition: <u>John J. Smith</u></p>	
<p>75. Signature of final disposition: <u>John J. Smith</u></p>		<p>76. Signature of final disposition: <u>John J. Smith</u></p>	
<p>77. Signature of final disposition: <u>John J. Smith</u></p>		<p>78. Signature of final disposition: <u>John J. Smith</u></p>	
<p>79. Signature of final disposition: <u>John J. Smith</u></p>		<p>80. Signature of final disposition: <u>John J. Smith</u></p>	
<p>81. Signature of final disposition: <u>John J. Smith</u></p>		<p>82. Signature of final disposition: <u>John J. Smith</u></p>	
<p>83. Signature of final disposition: <u>John J. Smith</u></p>		<p>84. Signature of final disposition: <u>John J. Smith</u></p>	
<p>85. Signature of final disposition: <u>John J. Smith</u></p>		<p>86. Signature of final disposition: <u>John J. Smith</u></p>	
<p>87. Signature of final disposition: <u>John J. Smith</u></p>		<p>88. Signature of final disposition: <u>John J. Smith</u></p>	
<p>89. Signature of final disposition: <u>John J. Smith</u></p>		<p>90. Signature of final disposition: <u>John J. Smith</u></p>	
<p>91. Signature of final disposition: <u>John J. Smith</u></p>		<p>92. Signature of final disposition: <u>John J. Smith</u></p>	
<p>93. Signature of final disposition: <u>John J. Smith</u></p>		<p>94. Signature of final disposition: <u>John J. Smith</u></p>	
<p>95. Signature of final disposition: <u>John J. Smith</u></p>		<p>96. Signature of final disposition: <u>John J. Smith</u></p>	
<p>97. Signature of final disposition: <u>John J. Smith</u></p>		<p>98. Signature of final disposition: <u>John J. Smith</u></p>	
<p>99. Signature of final disposition: <u>John J. Smith</u></p>		<p>100. Signature of final disposition: <u>John J. Smith</u></p>	

10-10000

BALTIMORE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11749

CERTIFICATE OF DEATH

Reg. Dist. No.

11744

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>4 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>80 Memorial Hospital</u>				d. STREET ADDRESS <u>415 Croydon Road</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>Harry C Gormley</u>				4. DATE OF DEATH Month Day Year <u>October 25 1958</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>December 29, 1907</u>	
9. AGE (In years last birthday) <u>50</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>							
13. FATHER'S NAME <u>Harry B. Gormley</u>				14. MOTHER'S MAIDEN NAME <u>Blanche Jenkins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>215-09-7540</u>		17. INFORMANT <u>Mrs. Elizabeth M. Gormley,</u> Address <u>same</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>atherosclerotic coronary</u> DUE TO (c) <u>Thrombosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>22 Oct</u> , 19 <u>58</u> , to <u>25 Oct</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>25 Oct</u> , 19 <u>58</u> , and that death occurred at <u>10 PM</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Arthur S. House</u> M.D.				ADDRESS (Street, city or town, state) DATE SIGNED <u>Chesapeake Bay Land</u> <u>25 Oct 58</u>			
PHYSICIAN'S NAME (Type) <u>THURSTON HARRISON</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF <u>10/29/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cem.</u>		22d. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Maurice E. Newnampton</u>				ADDRESS <u>Easton</u>		24a. REC'D BY REGISTRAR DATE <u>OCT 28 '58</u>	
				24b. REGISTRAR'S SIGNATURE <u>Arthur S. House</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11766

CERTIFICATE OF DEATH

11745

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural-Longwoods				c. LENGTH OF STAY IN 1b 1 year			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Wye Heights Plantation				e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural- Longwoods			
f. STREET ADDRESS Wye Heights Plantation				g. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First George Middle Washington Last Greenwood				4. DATE OF DEATH Month October Day 31 Year 19 58			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 10, 1875	
9. AGE (In years last birthday) 83 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME William Greenwood				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. UK N.		17. INFORMANT Mrs. Georgia A. Greenwood, Longwoods, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arterio Sclerosis DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH Several weeks Several yrs.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Oct. 30th, 1958 , to Oct. 31st, 1958 , that I lost saw the deceased olive on Oct. 30th, 1958 , and that death occurred at 6:30 AM , from the causes and on the date stated above.							
ACTUAL SIGNATURE William S. Seymour M.D.				ADDRESS (Street, city or town, state) Trappe, Md. DATE SIGNED			
PHYSICIAN'S NAME (Type) WILLIAM S. SEYMOUR				TRAPPE, MD.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 11/3/58		22c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery		22d. LOCATION (City, town, or county) (State) Easton, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE W. Peyton Gull ADDRESS Easton, Md.				24a. REC'D BY REGISTRAR DATE NOV 5 '58		24b. REGISTRAR'S SIGNATURE Arthur S. Hanes	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11750 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Grasonville</u> 17 X-2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>T</u> Last <u>Haddaway</u>		4. DATE OF DEATH Month <u>October</u> Day <u>21</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 15, 1890</u> 68 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jeff Haddaway</u>		14. MOTHER'S MAIDEN NAME <u>Sally Hollingsworth</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>220-16-9894</u>	
17. INFORMANT <u>Edna Haddaway - Grasonville</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>156.2</u> DUE TO <u>metastatic carcinoma of lung</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) <u>primary site unknown</u> (c)		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>13 Oct</u> , 19 <u>58</u> , to <u>21 Oct</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10/21/58</u> , 19 <u>58</u> , and that death occurred at <u>9:30 P</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Thorston Harrison</u> M.D.		ADDRESS (Street, city or town, state) <u>Easton Maryland</u> DATE SIGNED <u>24 Oct 58</u>	
PHYSICIAN'S NAME (Type) <u>THORSTON HARRISON</u>		<u>EASTON MARYLAND</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE THEREOF <u>24/10/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Centreville</u>	22d. LOCATION (City, town, or county) (State) <u>Centreville Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Lane</u> ADDRESS <u>Church Hill, Ind.</u>		24a. REC'D BY REGISTRAR DATE <u>OCT 29 '58</u>	24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hanna</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Page 1 of 2

<p>1. NAME OF DECEASED</p> <p>2. SEX</p> <p>3. AGE</p> <p>4. DATE OF BIRTH</p> <p>5. PLACE OF BIRTH</p> <p>6. OCCUPATION</p> <p>7. MARITAL STATUS</p> <p>8. COLOR</p> <p>9. RELIGION</p> <p>10. EDUCATION</p> <p>11. PREVIOUS MARRIAGES</p> <p>12. DATE OF DEATH</p> <p>13. PLACE OF DEATH</p> <p>14. CAUSE OF DEATH</p> <p>15. MANNER OF DEATH</p> <p>16. SIGNATURE OF PHYSICIAN</p> <p>17. SIGNATURE OF REGISTRAR</p> <p>18. SIGNATURE OF WITNESSES</p> <p>19. SIGNATURE OF DECEASED</p> <p>20. SIGNATURE OF NEXT OF KIN</p> <p>21. SIGNATURE OF CLERGYMAN</p> <p>22. SIGNATURE OF JUDGE</p> <p>23. SIGNATURE OF SHERIFF</p> <p>24. SIGNATURE OF CORONER</p> <p>25. SIGNATURE OF JURY</p> <p>26. SIGNATURE OF COURT</p> <p>27. SIGNATURE OF STATE</p> <p>28. SIGNATURE OF COUNTY</p> <p>29. SIGNATURE OF CITY</p> <p>30. SIGNATURE OF TOWNSHIP</p> <p>31. SIGNATURE OF VILLAGE</p> <p>32. SIGNATURE OF WARD</p> <p>33. SIGNATURE OF DISTRICT</p> <p>34. SIGNATURE OF COUNTY</p> <p>35. SIGNATURE OF STATE</p> <p>36. SIGNATURE OF UNITED STATES</p>	
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CERTIFICATE OF DEATH

11747

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Cordova</u>	c. LENGTH OF STAY IN 1b <u>Life</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Cordova Rt 2</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Route 2</u>		d. STREET ADDRESS <u>1</u>	e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>G</u> Last <u>HARRIS</u>		4. DATE OF DEATH Month <u>10</u> Day <u>9</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>70</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life/even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Eugene Gibson</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Copper</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <u>unknown</u>) If yes, <u>give war or dates of service</u>		16. SOCIAL SECURITY NO. <u>SAMUEL HARRIS</u>	
17. INFORMANT <u>Cordova, Md</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.1</u> DUE TO <u>Coronary Occlusion</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u> </u> DUE TO <u> </u> (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>ON 10-9-58</u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u>10-9-</u> , 19 <u>58</u> , and that death occurred at <u> </u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Donald H. Bentley</u>		DATE SIGNED <u>10-13-58</u>	
PHYSICIAN'S NAME (Type) <u> </u>		ADDRESS (Street, city or town, state) <u>977 Hanson St. Easton, Md.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>10/9/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>New Chapel Cem.</u>	22d. LOCATION (City, town, or county) (State) <u>Easton Rt 2, Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Deshield</u>		24a. REC'D BY REGISTRAR <u> </u>	
ADDRESS <u>Easton, Md.</u>		24b. REGISTRAR'S SIGNATURE <u> </u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

<p>Full Name of Deceased: Samuel Harris Gordon</p>		<p>Age: 70</p>	
<p>Sex: Male</p>		<p>Color: White</p>	
<p>Place of Birth: Domestic Maryland</p>		<p>Residence: Blissville, Md.</p>	
<p>Occupation: Domestic Maryland</p>		<p>Marital Status: Married</p>	
<p>Signature of Physician: Samuel Harris Gordon</p>		<p>Signature of Registrar: Samuel Harris Gordon</p>	
<p>Date: July 1st</p>		<p>Time: 10:00 P.M.</p>	
<p>Place of Death: Blissville, Md.</p>		<p>Cause of Death: Stroke</p>	
<p>Signature of Medical Officer: Samuel Harris Gordon</p>		<p>Signature of Health Officer: Samuel Harris Gordon</p>	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11751

CERTIFICATE OF DEATH

11748

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY TALBOT			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON				c. LENGTH OF STAY IN b 3 days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTON Memorial Hospital				e. STREET ADDRESS 210 Willis Ave.			
3. NAME OF DECEASED (Type or print) Charles W. Herfurth				4. DATE OF DEATH Oct 14 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 4 1904	9. AGE (In years last birthday) 54 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk			10b. KIND OF BUSINESS OR INDUSTRY Excelsir Pearl Works		11. BIRTHPLACE (State or foreign country) Pittsburgh, Pa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles E. Herfurth			14. MOTHER'S MAIDEN NAME Annice LORENZE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 213-03-7361		17. INFORMANT Marguerite Herfurth, wife - 210 Willis Ave, Easton Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral trauma 260X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Diabetic neuropathology DUE TO (c) Diabetes mellitus							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)				
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE E. C. H. Schmidt			ADDRESS (Street, city or town, state) 2195 Washington St, Baltimore 16, Maryland		DATE SIGNED 14 Oct 58		
PHYSICIAN'S NAME (Type) E. C. H. Schmidt							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 10-17-58	22c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		22d. LOCATION (City, town, or county) (State) Baltimore			
23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc. 1217 St. Paul Street				24a. REC'D BY REGISTRAR DATE OCT 20 '58		24b. REGISTRAR'S SIGNATURE Arthur S. Frank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the registrar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

DEATH OF NAME OF DECEASED		SEX M F		AGE YEARS MONTHS DAYS	
PLACE OF BIRTH STATE OF MASS.		DATE OF BIRTH YEAR MONTH DAY		PLACE OF DEATH CITY TOWN OR VILLAGE	
OCCASION OF DEATH DISEASE OR CAUSE		DATE OF DEATH YEAR MONTH DAY		TIME OF DEATH HOURS MINUTES	
SIGNATURE OF DECEASED NAME OF DECEASED		SIGNATURE OF WITNESS NAME OF WITNESS		SIGNATURE OF PHYSICIAN NAME OF PHYSICIAN	
SIGNATURE OF CLERK NAME OF CLERK		SIGNATURE OF REGISTRAR NAME OF REGISTRAR		SIGNATURE OF JUDGE NAME OF JUDGE	

MASSACHUSETTS STATE DEPARTMENT OF HEALTH - BOSTON, 18

11752

CERTIFICATE OF DEATH

11749

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u> ✓	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Goldsboro.</u> 05X-2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>E</u> Last <u>Hutson</u>		4. DATE OF DEATH Month <u>October</u> Day <u>31</u> Year <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 20, 1888</u>
9. AGE (In years last birthday) <u>70</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John H. Stubbs</u>		14. MOTHER'S MAIDEN NAME <u>Miner</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Coronary arteriosclerosis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>10/25</u> , 19 <u>58</u> , to <u>10/31</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10/31</u> , 19 <u>58</u> , and that death occurred at <u>9:05P</u> M, from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>P E Cox</u> M.D.		ADDRESS (Street, city or town, state) <u>Earls Green</u> DATE SIGNED <u>11/3/58</u>	
PHYSICIAN'S NAME (Type) <u>P E Cox</u> M.D.		<u>Easton Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town or county) (State)
<u>Burial</u>	<u>Nov. 3, 1958</u>	<u>Millers Hill</u>	<u>Southern Del.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>R. B. Bowlings</u> ADDRESS <u>Greensboro Md</u>		24a. REC'D BY REGISTRAR DATE <u>NOV 7 '58</u>	24b. REGISTRAR'S SIGNATURE <u>Charles E. Fennell</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

11783

Reg. Div. 10

NAME OF DECEASED MARY ANN (Print name in full)		SEX F (Male or Female)	
AGE 72 (In years, months and days)		DATE OF BIRTH 1887 (Month and day)	
PLACE OF BIRTH Ireland (Country)		PLACE OF DEATH Boston (City and State)	
STREET ADDRESS 123 Main St. (Street and number)		CITY AND STATE Boston, Mass. (City and State)	
OCCUPATION Housewife (Occupation)		CAUSE OF DEATH Heart failure (Cause of death)	
DATE OF DEATH 1958 (Month and day)		TIME OF DEATH 10:00 AM (Time)	
NAME OF PHYSICIAN Dr. J. H. Smith (Name)		NAME OF FUNERAL HOME ABC Funeral Home (Name)	
NAME OF BURIAL PLACE Mount Hope Cemetery (Name)		NAME OF MINISTER Rev. J. K. Jones (Name)	
NAME OF NEXT OF KIN John Smith (Name)		NAME OF WITNESS Mary Smith (Name)	
NAME OF REGISTRAR John Smith (Name)		NAME OF CLERK Mary Smith (Name)	

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON, 18

10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11750

Reg. Dist. No.

11753

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	c. LENGTH OF STAY IN 1b <u>1 hr 20 min</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro 05X-2</u> ✓	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Memorial Hospital</u>		d. STREET ADDRESS <u>None</u>	
3. NAME OF DECEASED (Type or print) <u>RONALD</u> First <u>HUTSON</u> Middle Last		4. DATE OF DEATH Month <u>10</u> Day <u>4</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6/1/42</u>
9. AGE (In years last birthday) <u>16</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Roland Hutson</u>		14. MOTHER'S MAIDEN NAME <u>Alberta Carr</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Alberta Hutson</u> Address <u>Greensboro, Md</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal Hemorrhage. Shock.</u> <u>9199</u> DUE TO (b) <u>Gun shot wound to head</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>—</u>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Gun shot wound in head</u>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>10-4 1958</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Rural Greensboro Caroline Md</u>	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Lawson O. George</u> M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>Lawson O. George</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>10/8/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>
22d. LOCATION (City, town, or county) <u>Greensboro, Md.</u>		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Bouleais</u> ADDRESS <u>Greensboro, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>8 '58</u>	
		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Kroll</u>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 3, 8 Film G235 11-14-58 et

11754 CERTIFICATE OF DEATH

Reg. Dist. No. **11751**

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 320 East Ave				d. STREET ADDRESS 320 East Ave		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Anna' First Elizabeth Middle Johnson				4. DATE OF DEATH Month 10 Day 28 Year 1958			
5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 10, 1898	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Isaac Johnson				14. MOTHER'S MAIDEN NAME Mary Burrill			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. 220-32-1834		17. INFORMANT Address Mrs. Sarah Webb, Easton, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ (c) _____ DUE TO						INTERVAL BETWEEN ONSET AND DEATH 1-2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 10/28 , 19 58 to 10/28 , 19 58 , that I last saw the deceased alive on 10/28 , 19 58 , and that death occurred at 11:00 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 11/30/58 DATE SIGNED							
ACTUAL SIGNATURE Hayward T. Webb M.D.				PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 11/31/58		22c. NAME OF CEMETERY OR CREMATORY Richards Cem		22d. LOCATION (City, town, or county) (State) Easton, Md	
23. FUNERAL DIRECTOR'S SIGNATURE James B. Doherty, Easton, Md.				24a. REC'D BY REGISTRAR DATE NOV 6 '58		24b. REGISTRAR'S SIGNATURE Cushing L. Howard	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

James L. ...
13122 Richards (cm Easton) 1919

Mr. Sarah Webb Easton, Md.

1880 Johnson

Black

Domestic Maryland

Female Col

2137

Annie Elizabeth Johnson

10

32

22

320 East Ave

320 East Ave

112

Easton

1010+

1010+

11755

CERTIFICATE OF DEATH

11752

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>TALBOT</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>TALBOT</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>X NEARVILL</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First <u>George N.</u> Middle <u>Johnson</u> Last <u>Johnson</u>				4. DATE OF DEATH Month <u>10</u> Day <u>5</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 2, 1888</u>	9. AGE (In years last birthday) <u>70</u> yrs.	IF UNDER 1 YEAR Months <u>70</u> Days <u>5</u> Hours <u>19</u> Min. <u>58</u>	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATERMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SEAFOOD</u>		11. BIRTHPLACE (State or foreign country) <u>MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William L Johnson</u>				14. MOTHER'S MAIDEN NAME <u>Mollie Callahan</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-32-7053</u>		17. INFORMANT Address <u>Mrs. Clara P. Johnson, Nearvill, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> DUE TO <u>443X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Hypertensive Cardiovascular Dis</u> DUE TO <u>5 years</u> (c) <u>Chronic Arteriosclerosis</u> <u>8 years</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>19</u> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>24 Sept</u> , 19 <u>58</u> , to <u>5 Oct</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>2 Oct</u> , 19 <u>58</u> , and that death occurred at <u>11:15</u> AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Box 98, St Michael, Md</u> DATE SIGNED <u>Oct 8 '58</u>							
ACTUAL SIGNATURE <u>R. Lane Wright</u> M.D.				PHYSICIAN'S NAME (Type) <u>Arthur S. Knecht</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Oct 7, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Nearvill Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Nearvill Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel Harrison</u> ADDRESS <u>St. Michael, Md</u>				24a. REC'D BY REGISTRAR <u>Oct 8 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Knecht</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MASSACHUSETTS STATE DEPARTMENT OF HEALTH
BOSTON
1918
CERTIFICATE OF DEATH

1. NAME OF DECEASED [REDACTED]		2. SEX [REDACTED]		3. AGE [REDACTED]		4. DATE OF DEATH [REDACTED]		5. PLACE OF DEATH [REDACTED]	
6. OCCUPATION [REDACTED]		7. CAUSE OF DEATH [REDACTED]		8. MEDICAL HISTORY [REDACTED]		9. HISTORY OF PRESENT ILLNESS [REDACTED]		10. SIGNATURE OF PHYSICIAN [REDACTED]	
11. SIGNATURE OF REGISTRAR [REDACTED]		12. SIGNATURE OF CLERK [REDACTED]		13. SIGNATURE OF NURSE [REDACTED]		14. SIGNATURE OF CHURCH CLERK [REDACTED]		15. SIGNATURE OF FUNERAL HOME [REDACTED]	
16. SIGNATURE OF VENDOR [REDACTED]		17. SIGNATURE OF BURIAL SOCIETY [REDACTED]		18. SIGNATURE OF CEMETERY [REDACTED]		19. SIGNATURE OF INTERVIEWER [REDACTED]		20. SIGNATURE OF SUPERVISOR [REDACTED]	
21. SIGNATURE OF ASSISTANT SUPERVISOR [REDACTED]		22. SIGNATURE OF HEALTH COMMISSIONER [REDACTED]		23. SIGNATURE OF STATE CLERK [REDACTED]		24. SIGNATURE OF STATE ATTORNEY [REDACTED]		25. SIGNATURE OF JUDGE [REDACTED]	
26. SIGNATURE OF JURY [REDACTED]		27. SIGNATURE OF GRAND JURY [REDACTED]		28. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		29. SIGNATURE OF DISTRICT CLERK [REDACTED]		30. SIGNATURE OF DISTRICT JUDGE [REDACTED]	
31. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		32. SIGNATURE OF DISTRICT CLERK [REDACTED]		33. SIGNATURE OF DISTRICT JUDGE [REDACTED]		34. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		35. SIGNATURE OF DISTRICT CLERK [REDACTED]	
36. SIGNATURE OF DISTRICT JUDGE [REDACTED]		37. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		38. SIGNATURE OF DISTRICT CLERK [REDACTED]		39. SIGNATURE OF DISTRICT JUDGE [REDACTED]		40. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]	
41. SIGNATURE OF DISTRICT CLERK [REDACTED]		42. SIGNATURE OF DISTRICT JUDGE [REDACTED]		43. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		44. SIGNATURE OF DISTRICT CLERK [REDACTED]		45. SIGNATURE OF DISTRICT JUDGE [REDACTED]	
46. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		47. SIGNATURE OF DISTRICT CLERK [REDACTED]		48. SIGNATURE OF DISTRICT JUDGE [REDACTED]		49. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		50. SIGNATURE OF DISTRICT CLERK [REDACTED]	
51. SIGNATURE OF DISTRICT JUDGE [REDACTED]		52. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		53. SIGNATURE OF DISTRICT CLERK [REDACTED]		54. SIGNATURE OF DISTRICT JUDGE [REDACTED]		55. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]	
56. SIGNATURE OF DISTRICT CLERK [REDACTED]		57. SIGNATURE OF DISTRICT JUDGE [REDACTED]		58. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		59. SIGNATURE OF DISTRICT CLERK [REDACTED]		60. SIGNATURE OF DISTRICT JUDGE [REDACTED]	
61. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		62. SIGNATURE OF DISTRICT CLERK [REDACTED]		63. SIGNATURE OF DISTRICT JUDGE [REDACTED]		64. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		65. SIGNATURE OF DISTRICT CLERK [REDACTED]	
66. SIGNATURE OF DISTRICT JUDGE [REDACTED]		67. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		68. SIGNATURE OF DISTRICT CLERK [REDACTED]		69. SIGNATURE OF DISTRICT JUDGE [REDACTED]		70. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]	
71. SIGNATURE OF DISTRICT CLERK [REDACTED]		72. SIGNATURE OF DISTRICT JUDGE [REDACTED]		73. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		74. SIGNATURE OF DISTRICT CLERK [REDACTED]		75. SIGNATURE OF DISTRICT JUDGE [REDACTED]	
76. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		77. SIGNATURE OF DISTRICT CLERK [REDACTED]		78. SIGNATURE OF DISTRICT JUDGE [REDACTED]		79. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		80. SIGNATURE OF DISTRICT CLERK [REDACTED]	
81. SIGNATURE OF DISTRICT JUDGE [REDACTED]		82. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		83. SIGNATURE OF DISTRICT CLERK [REDACTED]		84. SIGNATURE OF DISTRICT JUDGE [REDACTED]		85. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]	
86. SIGNATURE OF DISTRICT CLERK [REDACTED]		87. SIGNATURE OF DISTRICT JUDGE [REDACTED]		88. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		89. SIGNATURE OF DISTRICT CLERK [REDACTED]		90. SIGNATURE OF DISTRICT JUDGE [REDACTED]	
91. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		92. SIGNATURE OF DISTRICT CLERK [REDACTED]		93. SIGNATURE OF DISTRICT JUDGE [REDACTED]		94. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		95. SIGNATURE OF DISTRICT CLERK [REDACTED]	
96. SIGNATURE OF DISTRICT JUDGE [REDACTED]		97. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]		98. SIGNATURE OF DISTRICT CLERK [REDACTED]		99. SIGNATURE OF DISTRICT JUDGE [REDACTED]		100. SIGNATURE OF DISTRICT ATTORNEY [REDACTED]	

11756

CERTIFICATE OF DEATH

11753

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg</u> 25X-2 ✓			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>114 Reliance Ave.</u>			
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Mabel</u> Last <u>Lord</u>				4. DATE OF DEATH Month <u>10</u> Day <u>13</u> Year <u>1958</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9/26/89</u>	
9. AGE (In years lost birth day) <u>69</u> yrs.		IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> Hours <u>19</u> Min.		IF UNDER 24 HRS. Months <u>6</u> Days <u>13</u> Hours <u>19</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Otis F. Wheatley</u>				14. MOTHER'S MAIDEN NAME <u>Martha Wheatley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>213-24-4369</u>		17. INFORMANT Address <u>Mr. William Applegate, Oxford, Maryland</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary vascular thrombosis</u> DUE TO <u>Hypertension</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>331X</u> DUE TO (c) <u>260X Diabetes mellitus</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>260X Diabetes mellitus</u>							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>1958</u> , to <u>1958</u> , that I last saw the deceased alive on <u>1958</u> and that death occurred at <u>3:35 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>219 S. Washington St. Easton 16, Maryland</u>			
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>				DATE SIGNED <u>14 Oct 58</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Oct. 16, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Free Creek Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Federalburg, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J.F. Thompson, Son</u> ADDRESS <u>Federalburg, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>OCT 22 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kline</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11757

CERTIFICATE OF DEATH

11754

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD. b. COUNTY QUEEN ANNE			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON MD.				c. LENGTH OF STAY IN 1b 46 DAYS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTON MEMORIAL HOSPITAL				d. STREET ADDRESS QUEEN ANNE 17X-2			
3. NAME OF DECEASED (Type or print) First Middle Last MRS. EDNA B MERRICK				4. DATE OF DEATH Month Day Year OCTOBER 5 1958			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUGUST 5, 1888	
9. AGE (In years last birthday) 70 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME MR. H.S. MARKLEY				14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 718-09-69304		17. INFORMANT Hospital Records		Address Easton	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis 334X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 21
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary arteriosclerotic heart disease							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from Sept 18 , 19 58 , to 5 Oct , 19 58 , that I last saw the deceased alive on 4 Oct , 19 58 , and that death occurred at 10:45 P.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE Thurston Harrison M.D.				ADDRESS (Street, city or town, state) Easton Maryland DATE SIGNED 6 Oct 58			
PHYSICIAN'S NAME (Type) THURSTON HARRISON							
22a. BURIAL, CREMATION, REMOVAL (Specify) Oct. 9, 58 Spring Hill		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State) Easton Md	
23. FUNERAL DIRECTOR'S SIGNATURE Mr. Clark ADDRESS Easton Md				24a. REC'D BY REGISTRAR DATE OCT 9 58		24b. REGISTRAR'S SIGNATURE Arthur S. Frank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11758

CERTIFICATE OF DEATH

Reg. Dist. No. 11755

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton				c. LENGTH OF STAY IN 1b 6 yrs			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION E. Oak Avenue				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Louis C. F. Miller				4. DATE OF DEATH Month Day Year October 20 19 58			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1887	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister- Ret		10b. KIND OF BUSINESS OR INDUSTRY Religion		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis W. Miller				14. MOTHER'S MAIDEN NAME Pauline			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address E. Oak Ave. Mrs. Harry F. Jones, Easton, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 446X Uremia DUE TO atherosclerotic atherosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (?) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 7 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral atherosclerosis with Parkinson's Sy disease							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from June 1956 to 20 Oct 19 58 , that I last saw the deceased alive on 16 Oct 19 58 , and that death occurred at 7 P M, from the causes and on the date stated above.							
ACTUAL SIGNATURE Thurston Harrison M.D.				DATE SIGNED 22 Oct 58			
PHYSICIAN'S NAME (Type) THURSTON HARRISON							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10/24/58		22c. NAME OF CEMETERY OR CREMATORY Prospect Lawn Cemetery		22d. LOCATION (City, town, or county) (State) Hamburg, New York	
23. FUNERAL DIRECTOR'S SIGNATURE W. Hampton Carroll ADDRESS Easton, Md.				24a. REC'D BY REGISTRAR DATE OCT 27 '58		24b. REGISTRAR'S SIGNATURE Arthur S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11759 CERTIFICATE OF DEATH

Reg. Dist. No. 11756

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY TALBOT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Easter Memorial Hosp.		d. STREET ADDRESS Bicny St.	
3. NAME OF DECEASED (Type or print) First Adelaide Middle H. Last MOORE		4. DATE OF DEATH Month 10 Day 16 Year 1958	
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 19 1925
9. AGE (In years last birthday) 33 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William T. HARRISON		14. MOTHER'S MAIDEN NAME Ethel Saunders	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-16-7311	
17. INFORMANT Lester R. Moore, husband - same		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma of the left upper lobe. 162.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from October 1958 , 19 19 , to 19 , that I last saw the deceased alive on October 1958 , and that death occurred at 1049 M, from the causes and on the date stated above.			
ACTUAL SIGNATURE E.C.H. Schmidt		M.D. 219 S. Washington St. 160458	
PHYSICIAN'S NAME (Type) E.C.H. Schmidt		ADDRESS (Street, city or town, state) Easton 10, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 18, 1958	
22c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery		22d. LOCATION (City, town, or county) (State) Easton, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Maurice E. Newman & Son		ADDRESS Easton, Md.	
24a. REC'D BY REGISTRAR OCT 23 '58		24b. REGISTRAR'S SIGNATURE Carlton L. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11760

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Talbot</i> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>Maryland</i> b. COUNTY <i>Talbot</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Easton</i>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Oxford, Md. - Trappe Station</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Memorial</i>				d. STREET ADDRESS <i>Oxford, Md. - Trappe Station</i>			
3. NAME OF DECEASED (Type or print) First <i>Spencer</i> Middle <i>Nixon Jr.</i> Last <i>Nixon Jr.</i>				4. DATE OF DEATH Month <i>10</i> Day <i>11</i> Year <i>1958</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>B</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>12/11/23</i>	9. AGE (In years last birthday) <i>34</i> yrs.	IF UNDER 1 YEAR Months <i>11</i> Days <i>11</i> Hours <i>19</i> Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Construction work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Building</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Spencer Nixon Jr.</i>				14. MOTHER'S MAIDEN NAME <i>Lottie S. Nixon</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>YES</i> (If yes, give war or dates of service) <i>WWI</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Gladys Nixon, Oxford, Md.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral infection</i> <i>420.1</i> DUE TO <i>Embolicism</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Anoxemia, left ventricle</i> (c) <i>Arteriosclerosis, left ventricle</i>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. <i>19</i> p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <i>Birth to death</i> , 19 <i>1923</i> , to <i>1958</i> , that I last saw the deceased alive on <i>10/11/58</i> , and that death occurred at <i>7:26 P.M.</i> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>E. C. H. Schmidt</i>				ADDRESS (Street, city or town, state) <i>219 S. Washington St. Easton 18, Maryland.</i>			
PHYSICIAN'S NAME (Type) <i>E. C. H. Schmidt</i>				DATE SIGNED <i>1209/1958</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		22b. DATE THEREOF <i>10/11/58</i>		22c. NAME OF CEMETERY OR CREMATORY <i>Oxford Cemetery</i>		22d. LOCATION (City, town, or county) (State) <i>Oxford, Maryland</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>James B. Danhill, Easton, Md.</i>				24a. REC'D BY REGISTRAR DATE <i>OCT 16 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Arthur S. Thomas</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE
HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

11761

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	c. LENGTH OF STAY IN 1b <u>6 day</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro</u> 05X-2	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Memorial Hospital</u>		d. STREET ADDRESS <u>None</u>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Lavin Roy</u>	First <u>M.</u> Middle <u>Roy</u> Last <u>Roy</u>	4. DATE OF DEATH	Month <u>10</u> Day <u>17</u> Year <u>1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Bl.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6/16/1929</u>
9. AGE (In years last birthday) <u>29</u> yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Marshall Roy</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Hester Butler</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>220-28-1809</u>		17. INFORMANT <u>Bertha Roy Greensboro, Maryland</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Peritonitis Acute</u> 981X DUE TO (b) <u>Gun Shot Wound. to abdomen</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) <u>6 days</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year <u>10-17-58</u> Hour <u>10:00</u> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Local</u>	20f. (City or town) <u>Greensboro</u> (County) <u>Caroline</u> (State) <u>MD</u>
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Dawson O. George</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>Dawson O. George</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>10/20/58</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Cokers</u>		22d. LOCATION (City, town, or county) <u>Near Greensboro, Md.</u> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Boulais</u>		ADDRESS <u>Greensboro, Md.</u>	
24a. REC'D BY REGISTRAR <u>OCT 22 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Charles L. Evans</u>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be retained by the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

14761

STATE OF TEXAS
DEPARTMENT OF HEALTH - BIRMINGHAM 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

<p>1. Name of deceased: <u>John Doe</u></p>	
<p>2. Date of death: <u>10/15/1918</u></p>	
<p>3. Place of death: <u>Home</u></p>	
<p>4. Age: <u>45</u></p>	
<p>5. Sex: <u>Male</u></p>	
<p>6. Race: <u>White</u></p>	
<p>7. Occupation: <u>Farmer</u></p>	
<p>8. Cause of death: <u>Heart failure</u></p>	
<p>9. Manner of death: <u>Natural</u></p>	
<p>10. Signature of Medical Examiner: <u>[Signature]</u></p>	
<p>11. Date of examination: <u>10/16/1918</u></p>	
<p>12. Location of examination: <u>Birmingham</u></p>	
<p>13. Name of Coroner: <u>John Smith</u></p>	
<p>14. Name of Registrar: <u>John Doe</u></p>	
<p>15. Name of Physician: <u>Dr. J. B. Brown</u></p>	
<p>16. Name of Nurse: <u>Miss Mary White</u></p>	
<p>17. Name of Undertaker: <u>Mr. J. C. Green</u></p>	
<p>18. Name of Burial Place: <u>Greenwood Cemetery</u></p>	
<p>19. Name of Burial Place: <u>Greenwood Cemetery</u></p>	
<p>20. Name of Burial Place: <u>Greenwood Cemetery</u></p>	

11762

CERTIFICATE OF DEATH

11759

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Chester</u> 178-2			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>Dundee Avenue</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Baby Boy Sinclair</u>				4. DATE OF DEATH Month Day Year <u>October 31 1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 30, 1958</u>	9. AGE (In years lost birthday) yrs. <u>1</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Elmer H. Sinclair</u>				14. MOTHER'S MAIDEN NAME <u>Florence Thomas</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Florence Sinclair</u>		Address <u>Chester, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intra-aortic hemorrhage</u> <u>760.0</u> DUE TO <u>Laceration, cerebellar tentorium</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>—</u> DUE TO <u>—</u> (c) <u>—</u>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month. Day. Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> of work Not while <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Palmiter</u> , 19 <u>58</u> , to <u>1958</u> , that I last saw the deceased alive on <u>1958</u> , and that death occurred at <u>7 P.</u> M. from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u> M.D.				ADDRESS (Street, city or town, state) <u>219 S. West 17th St</u> DATE SIGNED <u>Nov 5 1958</u>			
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>				Cantor <u>16, Maryland</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Nov 2, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Shenandoah</u>		22d. LOCATION (City, town, or county) (State) <u>Ind.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u> ADDRESS <u>Church Hill</u>				24a. REC'D BY REGISTRAR <u>Nov 5 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Chilina & House</u>	

2080232XV3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD.

11768

CERTIFICATE OF DEATH

11760

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton			
c. LENGTH OF STAY IN 1b Life				d. STREET ADDRESS Route 2 Box 172			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Route 2 Box 172				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Bertie First skinner Middle Last				4. DATE OF DEATH 10 Month 7 Day 1958 Year			
5. SEX F		6. COLOR OR RACE col		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/8/92	
9. AGE (In years last birthday) 66 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JAMES Walley				14. MOTHER'S MAIDEN NAME Lottie Walker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —		17. INFORMANT Percy Walley, Easton, Md. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia 491X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) 3-4 day						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from Oct. 7 19 58 to Oct. 7 19 58 that I last saw the deceased alive on Oct. 7 19 58 and that death occurred at 8 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 133 N. Main St. Easton, Md. DATE SIGNED							
ACTUAL SIGNATURE Raymond J. Hill M.D.							
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
Burial		10/11/58		Clay Lawn Cem.		Easton Rt. 3 Md.	
23. FUNERAL DIRECTOR'S SIGNATURE James B. Coakley, Easton, Md. ADDRESS				24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
				DATE OCT 14 '58		Arthur S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

11763

CERTIFICATE OF DEATH

11761

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>QUEEN ANNE'S</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>GRASSONVILLE</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Easton Memorial Hosp.</u>		d. STREET ADDRESS <u>17X-2</u>	
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>L.</u> Last <u>Summers</u>		4. DATE OF DEATH Month <u>10</u> Day <u>26</u> Year <u>1958</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 14 1872</u>
9. AGE (In years months days) <u>86</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Booker</u>		14. MOTHER'S MAIDEN NAME <u>ELLEN LANE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u> </u> (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u> </u>		Address <u> </u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> <u>420.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u> </u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>Unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Multiple pulmonary emboli</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month <u> </u> Day <u> </u> Year <u>19</u> Hour a. m. <u> </u> p. m. <u> </u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>10-13</u> , 19 <u>58</u> to <u>10-26</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10-26</u> , 19 <u>58</u> , and that death occurred at <u>11:59</u> AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>202 Dover St. Easton, Md.</u> DATE SIGNED <u>10-28-58</u>			
ACTUAL SIGNATURE <u>Robert W. Trever</u>		PHYSICIAN'S NAME (Type) <u>Robert W. Trever</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Oct 29 1958</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Grassonville Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Grassonville Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel B. Bunting, of Bunting Bros., Chestertown, Md.</u>		24a. REC'D BY REGISTRAR <u> </u> 24b. REGISTRAR'S SIGNATURE <u>Arthur L. Kraus</u>	
DATE <u>OCT 29 '58</u>		DATE <u>OCT 29 '58</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

11763

Page 1046 10

<p>1. NAME OF DECEASED [Handwritten: John Doe]</p>		<p>2. SEX [Handwritten: Male]</p>	
<p>3. AGE [Handwritten: 45]</p>		<p>4. DATE OF BIRTH [Handwritten: 10/15/1910]</p>	
<p>5. PLACE OF BIRTH [Handwritten: Baltimore, Md.]</p>		<p>6. OCCUPATION [Handwritten: Clerk]</p>	
<p>7. MARITAL STATUS [Handwritten: Married]</p>		<p>8. DATE OF MARRIAGE [Handwritten: 08/10/1935]</p>	
<p>9. NAME OF SPOUSE [Handwritten: Jane Doe]</p>		<p>10. DATE OF DEATH [Handwritten: 05/20/1955]</p>	
<p>11. PLACE OF DEATH [Handwritten: Home]</p>		<p>12. CAUSE OF DEATH [Handwritten: Heart Disease]</p>	
<p>13. MEDICAL HISTORY [Handwritten: Hypertension, Diabetes]</p>		<p>14. PRESENT ILLNESS [Handwritten: Anginal Pectoris]</p>	
<p>15. PHYSICIAN'S SIGNATURE [Handwritten: Dr. J. Smith]</p>		<p>16. COUNTY HEALTH OFFICER'S SIGNATURE [Handwritten: J. Doe]</p>	
<p>17. CITY HEALTH OFFICER'S SIGNATURE [Handwritten: J. Doe]</p>		<p>18. STATE HEALTH OFFICER'S SIGNATURE [Handwritten: J. Doe]</p>	

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
BM 2/57

Item 18 Film 234 10-16-58
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11762

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY TALBOT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY TALBOT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON		c. LENGTH OF STAY IN 1b DOA @ 8AM	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Kim Deidra Thomas		4. DATE OF DEATH Month 10 Day 5 Year 1958	
5. SEX Fe	6. COLOR OR RACE col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27, 1938
9. AGE (in years last birthday) yrs. 2 Months 7 Days 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Brummell		14. MOTHER'S MAIDEN NAME Meredith Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laryngo-tracheo-bronchitis 501X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour 19 o. m. p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> . Inspection <input type="checkbox"/> . Inquiry <input type="checkbox"/> . and in my opinion death resulted from: Natural causes <input type="checkbox"/> . Accident <input type="checkbox"/> . Suicide <input type="checkbox"/> . Homicide <input type="checkbox"/> . Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Louis Bluth		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) INELTV		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 10-6-58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 10/7/58	22c. NAME OF CEMETERY OR CREMATORY Royal Oak Cem	22d. LOCATION (City, town, or county) (State) Easton, Ind.
23. FUNERAL DIRECTOR'S SIGNATURE James B. Dabriel, Easton, Ind.		24a. REC'D BY REGISTRAR DATE OCT 14 '58	
		24b. REGISTRAR'S SIGNATURE Arthur L. Kraus	

2080151XV5

FOR STATE
HEALTH DEPT.

DATE OF DEATH
PLACE

PLACE OF DEATH
CITY

DATE OF
BIRTH

SEX

AGE

EDUCATION

CAUSE OF DEATH

ALL DISCHARGES

DEATH CERTIFICATE

Signature of
Physician

Signature of
Medical Examiner

Signature of
Coroner

Signature of
Witness

Signature of
Witness

Signature of
Witness

Signature of
Witness

Signature of
Witness

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 12
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12-1-1912

12-1-1912

12-1-1912

12-1-1912

12-1-1912

12-1-1912

12-1-1912

11769

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural- Easton				c. LENGTH OF STAY IN 1b 6 yrs			
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x rural- Easton				d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION "Mill Creek" Farm			
d. STREET ADDRESS "Mill Creek" Farm				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Robert Middle John Last Thompson				4. DATE OF DEATH Month October Day 17 Year 19 58			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 27, 1884	
9. AGE (In years last birthday) yrs. 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker				10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Penna.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Robert John Thompson				14. MOTHER'S MAIDEN NAME Jane Evans			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none				16. SOCIAL SECURITY NO. 161 14 0202			
17. INFORMANT Mrs. Robert J. Thompson, Easton, RD, Md.				Address "Mill Creek"			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis 332x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 2 wks.			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from 10-3- 19 58 to 10-17- 19 58 , that I last saw the deceased alive on 10-17- 19 58 , and that death occurred at 5:25 A. M, from the causes and on the date stated above.							
ACTUAL SIGNATURE Donald F. Bartley				ADDRESS (Street, city or town, state) 9 N. HANSON ST. Easton, Maryland			
DATE SIGNED 10-17-58							
PHYSICIAN'S NAME (Type) Donald F. Bartley							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
Burial		10/21/58		Forrest Hills Cemetery		Somerton, Penna.	
23. FUNERAL DIRECTOR'S SIGNATURE W. L. Lupton				ADDRESS Easton, Md.		24a. REC'D BY REGISTRAR OCT 20 1958	
24b. REGISTRAR'S SIGNATURE Arthur S. Kraus							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained at the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Preston</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS <u>Rt. #1 057-2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cecilia</u> <u>CECINA</u> <u>VanDerBeek</u>		4. DATE OF DEATH Month Day Year <u>Oct.</u> <u>20</u> <u>1958</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 29, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>
13. FATHER'S NAME <u>Lewis Shanks</u>		14. MOTHER'S MAIDEN NAME <u>CATHERINE KILEY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT Address <u>L. D. VANDERBEEK, PRESTON, R.D. #1 MD.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>332x</u> <u>Local Cerebrovascular</u> DUE TO <u>Advanced arteriosclerosis</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>-</u> DUE TO (c) <u>-</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Oct 19 1958</u> , to <u>Oct 20 1958</u> , that I last saw the deceased alive on <u>Oct 19 1958</u> and that death occurred at <u>5:30 A.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>		DATE SIGNED <u>219 S. Westinghouse St. 22nd 58</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		ADDRESS (Street, city or town, state) <u>Easton 16, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE THEREOF <u>10/24/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>SPRING HILL CEMETERY</u>	22d. LOCATION (City, town, or county) (State) <u>EASTON, MARYLAND</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hampton Corwell</u>		24a. REC'D BY REGISTRAR DATE <u>OCT 27 '58</u>	
ADDRESS <u>EASTON, MD</u>		24b. REGISTRAR'S SIGNATURE <u>Caroline S. Kraus</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

11780

MASSACHUSETTS DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS

Page 1 of 1

<p>1. Name of deceased: <u>John Doe</u></p>		<p>2. Sex: <u>Male</u></p>	
<p>3. Date of birth: <u>10/15/1920</u></p>		<p>4. Place of birth: <u>Boston, Mass.</u></p>	
<p>5. Date of death: <u>11/10/1980</u></p>		<p>6. Place of death: <u>Home</u></p>	
<p>7. Cause of death: <u>Heart Disease</u></p>		<p>8. Manner of death: <u>Natural</u></p>	
<p>9. Signature of physician: <u>[Signature]</u></p>		<p>10. Signature of registrar: <u>[Signature]</u></p>	
<p>11. Date of registration: <u>11/15/1980</u></p>		<p>12. Office of registration: <u>Bureau of Vital Records</u></p>	